

Service Area Plan

Department of Health

Child and Adolescent Health Services (43002)

Service Area Background Information

Service Area Description

This service area administers much of the child health services component of the federal Maternal Child Health Block Grant, including the program for children with special health care needs. It provides surveillance through assessment, screening and other child-find activities; analyzes and develops policy related to child and adolescent health; works to assure that children and their families are linked to needed health services; and provides training and technical assistance to partners promoting safe and healthy environments for children.

This service area implements the following programs and initiatives statewide or agency wide:

- Programs for children with special health care needs, including: Care Connection for Children, Child Development Services, Bleeding Disorders Program, Newborn Screening Services, Early Hearing Detection and Intervention Services, Virginia Congenital Anomalies Reporting and Education (VaCARES);
- Childhood Lead Poisoning Prevention (Lead-Safe Virginia);
- Healthy Child Care Virginia;
- Adolescent Sexual Health including the Abstinence Education Initiative, Teenage Pregnancy Prevention Initiative, and Better Beginnings Coalitions;
- Bright Futures anticipatory guidance;
- Technical assistance on clinical issues related to the early childhood (Birth – 5), school age, and adolescent populations in the preschool and school setting; and
- Policy analysis and quantitative assessment.

Service Area Alignment to Mission

Programs and services offered by this service area directly align with VDH's mission to promote and protect the health of Virginians. Screening activities, anticipatory guidance, and promotion of medical home are conducted or supported to address health promotion and disease prevention. Tools and technical assistance are provided to professionals in childcare and school settings on clinical interventions and health maintenance, emergency preparedness, and environmental safety and health.

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Service Area Statutory Authority

United States Code § 701-709, subchapter V of the Social Security Act provides for primary and preventive care for children, and services for children with special health care needs.

United States Code § 710, subchapter V of the Social Security Act provides for abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

Section 32.1-77 of Code of Virginia authorizes preparation, amendment and submission to the Secretary of the U.S. Department of Health and Human Services state plans for services to children with special health care needs.

Sections 32.1-64.1 through 32.1-64.2 of Code of Virginia provide for the establishment and maintenance of a system for the screening of newborns for hearing loss and monitoring those who are at risk to assure that such infants receive appropriate early intervention

Section 32.1-65 of Code of Virginia provides for a system for screening newborns for certain heritable disorders and genetic diseases through dried blood-spot screening.

Sections 32.1-69.1 through 32.1-69.2 of Code of Virginia requires the establishment and maintenance of a Virginia Congenital Anomalies Reporting and Education System, including collection of data to evaluate the possible causes of birth defects, improve the diagnosis and treatment of birth defects and establish a mechanism for informing the parents of children identified as having birth defects and their physicians about the health resources available to aid such children.

Section 32.1-89 of Code of Virginia provides for the establishment of a program for caring for and treating persons with hemophilia and other related bleeding disorders who are unable to pay for the entire costs of such treatment.

Section 22.1-275.1 of Code of Virginia requires school health advisory boards to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services and to annually report on the status of needs of student health in the school division to VDH, and the Virginia Department of Education.

Section 22.1-270 of Code of Virginia requires documentation of a comprehensive pre school entry physical examination of a scope prescribed by the Commissioner of Health.

United States Code § 440 and 441, Subpart B, and the interagency agreement between the VDH and the Department of Medical Assistance Services (DMAS) provide for the Virginia Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program that reimburses health services, including screening, diagnostic services, and treatment, for children under age 21. The agreement requires that VDH appoint a EPSDT program manager to survey local coordinators to ascertain their training needs and participate in planning and implementation of training; collaborate with DMAS and DSS in development of screening standards and procedure guidelines for EPSDT providers; develop materials to be included in the EPSDT Supplemental Medicaid Manual and other provider notices; and develop and carry out, in collaboration with DMAS, DSS, Head Start, WIC, Early Intervention, Department of Education, and other appropriate organizations, plans to increase the annual number of screenings statewide.

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Section 32.1-46 of Code of Virginia authorizes development of a protocol for the identification of children at risk for elevated blood-lead levels which shall provide for blood-lead level testing at appropriate ages and frequencies and for criteria for determining low risk for elevated blood-lead levels and when such blood-lead level testing is not indicated.

Section 63.1-195 of Code of Virginia requires the Department of Social Services to assure child welfare agencies meet minimum health standards. VDH assists with establishing appropriate health-related standards and provides technical assistance to child care providers to help meet those standards.

Service Area Customer Base

Customer(s)	Served	Potential
Children and adults with hemophilia and other related bleeding disorders	218	400
Children under age 72 months screened for lead poisoning	66,820	557,454
Children with special health care needs receiving care coordination services	5,538	190,600
Newborns screened for inborn errors of body chemistry and hearing impairment	98,000	100,000
Population aged birth to 5 years in regulated out-of-home care (licensed child care centers, family day homes, short-term day care providers, and religious exempt facilities)	243,228	328,687
School age population	1,186,078	1,204,808
School nurses	1,373	1,373
Youth (10 - 19 years) receiving education, school-based services and social norm messages to prevent pregnancy	2,000	514,557
Youth (age 10 - 19 years) receiving education and social norm messages to avoid sexual and interrelated risk behaviors	3,500	514,457

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Anticipated Changes In Service Area Customer Base

- The birth rate in Virginia has been relatively stable at approximately 100,000 live births per year, and is expected to remain so.
- Teenage pregnancy rates for females age 15 – 17 are mirroring the national trend and declining statewide. However, in 2003, 69% of all teenage pregnancies were to 18 – 19 year olds (rate of 98.6/1000); there has been a slight increase in the pregnancy rates for females age 14 and younger. Rates for Hispanic teens are higher than for Black or White teens. The customer base for teenage pregnancy prevention is therefore becoming more narrowly defined.
- The economic outlook for children and families is mixed: about 28.5% of children under 19 live at or below 200% of poverty (stable from 2000 – 2002); the percentage of children receiving Temporary Assistance to Needy Families (TANF) funds has dropped slightly; the unemployment rate has increased, and ranges from a low of 2% to a high of 14.5% across the state; and, the proportion of children eligible for free or reduced lunch services has increased slightly. These statistics all indicate that the number of children and families in need of assistance with health care access and financing is likely to stay stable or increase.
- The number of eligible children enrolled in public health insurance programs has increased significantly, but over 22,000 are still eligible and not enrolled statewide. There continue to be issues with retaining enrollees, and concerns that families do not understand their insurance plans. Approximately 7% of children in Virginia have no health insurance. The highest proportion of uninsured individuals in the Commonwealth (24%) is the group aged 19 – 24, which is a primary child bearing group. Hispanics and African Americans are more likely to be uninsured than Whites (27% and 11%, respectively) and both have higher birth rates than Whites. The growing number of temporary and seasonal workers also contributes to the pool of uninsured parents. There will continue to be a need for safety net services for children's health, as well as assistance with obtaining and understanding insurance benefits, and finding and using an effective medical home (a source of coordinated, ongoing, comprehensive, family-centered care from a health professional or team). In general, cultural and racial health disparities will continue to be a significant issue.
- Only a little more than half of Virginia's children with special health care needs (CSHCN) age 0 – 17 have an effective medical home. As CSHCN live longer, more productive lives, the need for adult health care services appropriate to their medical conditions becomes more significant, and more complex; assisting with transition to adulthood for these youth becomes a higher priority.
- Children eligible for special education services increased from 126/1000 in 2000 to 134/1000 in 2003; that year, local school divisions provided special education services to over 170,000 children with various disabilities. The number of CSHCN in schools is expected to continue to increase, with greater expectations for clinically skilled responsiveness by teachers, administrators, and school nurses.
- The number of children being cared for outside the home is growing rapidly; the number of childcare slots in licensed day centers increased from 181/1000 in 2000 to 256/1000 in 2004. However, the younger the child, the less likely a slot is available; fewer than 50% of licensed child care facilities accepted children under two years of age in 2004. This does not account for unregulated childcare, licensed family day homes, and homes that are approved locally. Over sixty percent of children under the age of six are in circumstances where all of their parents (biological, by remarriage) are working. The need for assuring healthy and safe environments for out-of-home care is therefore increasing, with more customers in childcare settings.
- The number and location of children at risk for lead poisoning is being more clearly defined with technologies such as GIS mapping. This allows for more targeted interventions and focused attention of resources to key areas of the state. Increasing emphasis on primary prevention also shifts the customer base away from individual families toward landlords, home renovators, and family-serving housing agencies.

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Service Area Products and Services

- Monitor trends in child health status indicators and identify emerging issues of statewide significance
- Develop or participate in the development of statewide strategic plans regarding child and adolescent health
- Represent VDH on statewide interagency councils, task forces, and committees related to child and adolescent health
- Propose and/or respond to state legislative and budgetary initiatives; track pertinent legislation
- Monitor federal legislation for potential impact at the state level
- Respond to requests for data and information from constituents, policy makers, media, and stakeholders
- Provide or assure follow up services are provided to newborns with screened abnormal test results for heritable disorders and genetic diseases, hearing impairment, and lead exposure
- Provide or assure care coordination services are offered to children with special health care needs through identified centers of excellence
- Manage contracts that assure medical management and genetic services are available to newborns with diagnosed genetic and/or metabolic disorders
- Develop and manage contracts or agreements with local health departments, community based organizations, and provider systems to implement programs
- Develop and manage regulations and guidance documents in support of mandated programs
- Provide staff support to advisory committees (e.g., Hemophilia Advisory Board, Early Hearing Detection and Intervention Advisory Board, Genetics Advisory Committee)
- Obtain and administer grants
- Review literature and identify and share best practices with partners and contractors
- Develop and deliver training and technical assistance to partners and stakeholders
- Develop and implement social marketing campaigns and materials related to child health promotion and disease prevention
- Develop and/or purchase educational materials and distribute in support of programs
- Assure sound fiscal management through budgeting and expense monitoring
- Conduct surveillance on: birth defects, including heritable disorders and genetic diseases, and hearing impairment; lead poisoning; utilization of services by, and outcomes for, children with special health care needs
- Conduct analysis of child health data and produce and disseminate reports
- Evaluate programs for effectiveness

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Factors Impacting Service Area Products and Services

- The 2005 General Assembly expanded the panel of disorders subject to identification through newborn dried blood spot screening from 11 to 28 for which there is an efficacious treatment; the screening test methodology will identify additional conditions for which treatment is not defined.
- Genetic testing is available or under development for more than 900 diseases or conditions in more than 550 laboratories nationwide; implications are (1) the development of new predictive tests, preventive measures, and treatment for a wide range of diseases, and (2) the privacy and confidentiality, discrimination, and informed consent concerns that accompany genetic discoveries.
- The U.S. Department of Health and Human Services has launched a national public health campaign, called the U.S. Surgeon General's Family History Initiative, to encourage all American families to learn more about their family health history.
- The federal funding partners working with lead-safe environments (Centers for Disease Control and Prevention, Environmental Protection Agency, and Housing and Urban Development) are increasing emphasis on primary prevention, i.e., lead-free environments, and are encouraging data sharing among locally funded partners for purposes of identifying hazardous housing, especially repeat-offenders. These grantors are also targeting refugee child populations who may be entering the country with a degree of lead poisoning, rather than acquiring it here, to prevent erroneous identification of lead hazard housing. At the same time, federal budgets for this program area are shrinking.
- The state licensing regulations for health and safety in child day care have become more rigorous, particularly in the areas of daily health screening and medication administration.
- Rapidly evolving technological advances in studying the human genome may lead to new opportunities for testing individuals, and stretch the capacity of the public health community to respond.
- There is an increasing emphasis nationally on the significance of mental health in the child's overall health status, and a push locally for incorporating mental health in programs funded by the Maternal Child Health Block Grant.
- Providers increasingly need flexible opportunities for training that allow them to maximize their time with patients.
- Children spend almost one-third of their waking hours in school. Continued emphasis in the schools on standards of learning and performance testing limits the opportunity to direct attention to health issues.
- The federal budget has increased funding to communities and/or states for abstinence education programs.
- The Maternal Child Health Block grant federal funds are being reduced.

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Anticipated Changes To Service Area Products and Services

- The expansion of newborn screening services will significantly increase the number of families served by staff and contractors in this service area. The workload associated with following up on screened abnormal test results requires additional staff, new knowledge paths, and considerably more preparation to assist families. The additional screening tests for which there are no established treatments will place an as-yet-undetermined burden on the program. All in all, services provided to families will shift to be delivered in the most cost-effective manner possible while maintaining an acceptable standard of timely customer service and medically necessary follow up.
- Development of policies and guidelines that support the appropriate use of genetics to improve health, prevent disease, and protect individuals from genetic discrimination.
- Development of resources to promote use of family health history and education of healthcare providers and consumers on the utility of a family health history in identifying disease risk and developing a personalized prevention program.
- The Lead-Safe Virginia program continues to adjust its goals, objectives, and strategies to the changing needs of grantors. This represents a substantial shift in focus away from providing outreach for screening children to primary environmental prevention.
- Services to child day care providers by local licensed health department staff have increased in response to the changes in regulations. This includes increasing hours of training for daily health screening and mandatory training for medication administration (which requires training by licensed health care providers). This service area will respond to greater demands for technical assistance and consultation on regulated issues.
- The service area will continue to explore ways to collaborate with partners providing mental health services and identify opportunities to braid funding and/or pilot new models of care coordination to address the integration of mental health and general medical health.
- The service area will be providing more training opportunities via additional methods (i.e., polycom, web-based) to reach providers in areas such as EPSDT/Bright Futures, lead screening, newborn screening, etc.
- Additional tools to assist school nurses in meeting children's health needs more efficiently will be promoted
- An increase in funding for abstinence education programs would result in an expansion of services to the existing program.

Service Area Human Resources Summary

Service Area Human Resources Overview

Service Area Full-Time Equivalent (FTE) Position Summary

Effective Date:

Total Authorized Position level

Vacant Positions

Non-Classified (Filled).....

Full-Time Classified (Filled)

Part-Time Classified (Filled)

Faculty (Filled)

Wage

Contract Employees

Total Human Resource Level

Factors Impacting Service Area Human Resources

Anticipated Changes in Service Area Human Resources

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Service Area Financial Summary

The chief source of funding for the service area is the Maternal Child Health (Title V) Block Grant from the Health Resources and Services Administration. This requires a state match (\$3 state to \$4 federal). Approximately half of the federal funds is derived from categorical federal grants that do not require a state match.

The service area disburses over \$10,000,000 of the annual budget to partners through contracts and grants. \$5,300,000 supports centers of excellence for children with special health care needs, most of which are state-affiliated academic health care systems. Another \$5,500,000, the majority of which is from the maternal and child health block grant, goes to local health departments for child health activities including lead poisoning prevention, teen pregnancy prevention, and care coordination.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$4,252,055	\$12,019,092	\$4,252,055	\$12,019,092
Changes To Base	\$15,798	\$98,611	\$15,798	\$98,611
SERVICE AREA TOTAL	\$4,267,853	\$12,117,703	\$4,267,853	\$12,117,703

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Service Area Objectives, Measures, and Strategies

Objective 43002.01

Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children.

Identification of certain disorders that may not otherwise be detected before developmental disability or death occur is of critical importance, resulting in requirements for screening infants for inborn errors of body chemistry and hearing loss, and screening young children for exposure to lead. These screenings allow for early intervention that can significantly improve the quality of life. The ongoing collection, analysis, and dissemination of this screening data, and birth defect data, is critical for reducing morbidity and mortality and improving health status in the general population.

This Objective Supports the Following Agency Goals:

- Promote systems, policies and practices that facilitate improved health for all Virginians.
(This objective also supports the long-term objective set for the Commonwealth on supporting healthy lives and strong, resilient families.)

This Objective Has The Following Measure(s):

● Measure 43002.01.01

Percent of infants born in Virginia who are screened for selected heritable disorders/genetic diseases

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 100% based on an average of CY03 and CY04.

Measure Target: Maintain at 100% during CY07.

Measure Source and Calculation:

This measure is calculated using information from the Starlims database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of infants who were live born in Virginia, residents of Virginia, and screened for selected disorders and genetic diseases by during a calendar year. The denominator is the number of infants who were live born in Virginia and residents of Virginia during the same calendar year.

● Measure 43002.01.02

Percent of newborns who are screened for hearing loss before hospital discharge.

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 95.7% of newborns were screened for hearing loss before discharge from a Virginia hospital during CY03.

Measure Target: 97% for CY05, to be reported by end of FY07.

Measure Source and Calculation:

This measure is calculated using information from the Virginia Infant Screening and Infant Tracking System, which is a Web-based integrated database managed by the Division of Child and Adolescent Health. The numerator is the number of newborns who were reported as discharged from a Virginia hospital during a calendar year and received hearing screening before discharge. The denominator is the number of infants who were reported as discharged from a Virginia hospital during the same calendar year.

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- **Measure 43002.01.03**

Percent of Medicaid eligible children under the age of 36 months that test positive for elevated blood lead levels and who are referred to DMAS for follow-up care.

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 10% (four-year average based on FY02-05).

Measure Target: 11% during FY07.

Measure Source and Calculation:

Data are from two databases: DMAS Medicaid eligibles database and LeadTrax (the VDH childhood lead screening database). A data match is performed by providing a list of children tested for lead exposure to DMAS to match for children in their database using child's last name, first name, DOB; the LeadTrax ID number is then used to upload data received by the data match. The numerator is the number of children 0-36 months of age, identified by the data match as tested during the fiscal year. The denominator is the 12-month average of children 0-36 months eligible for Medicaid for the same fiscal year.

Objective 43002.01 Has the Following Strategies:

- The service area will administer the following programs: Virginia Newborn Screening Services (VNSS), Virginia Early Hearing Detection and Intervention (VEHDI), Virginia Congenital Anomalies Reporting and Education System (VaCARES) – the state birth defects registry, and Lead-Safe Virginia.
- Maintaining and, pending receipt of grant funding redesigning, the Virginia Infant Screening and Infant Tracking System (VISITS), which is a Web-based surveillance and data tracking system supporting VNSS, VEHDI, and VaCARES.
- Maintaining the LeadTrax database for blood lead data on all children under 72 months of age.
- Identifying, matching, collecting, and reporting standardized unduplicated individual identifiable data, or program-targeted conditions (i.e., children with birth defects, with hearing loss, or who are at risk for developmental delay).
- Maintaining and managing the grant funding for program activities related to childhood lead poisoning and exposure in children under 6 years (72 months) of age.
- Collaborating with and providing funding to the jurisdictions having the highest risk for environmental lead exposure (Richmond and Norfolk) for local program implementation.
- Collaborating with the Department of General Services, Division of Consolidated Laboratory Services to ensure that hospitals comply with Code of Virginia requirements regarding newborn dried-bloodspot screening.
- Monitoring and working to improve, where needed, hospitals' compliance with Code of Virginia newborn hearing screening requirements.
- Monitoring and working to improve, where needed, laboratory compliance with requirements for electronic reporting of lead screening in children under 6 years of age.

Objective 43002.02

Link children, adolescents, and families to personal health services and community resources.

Children and adolescents, especially those with special health care needs, may have complex conditions that require coordinated intervention by a team of health and human services professionals. Families,

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particularly those with limited financial resources or support systems, are too often ill equipped to manage this coordination on their own. Health insurance plans, which may be adequate to support the needs of healthy children, may not provide coverage or financial support to meet the medical needs of children with chronic conditions.

This Objective Supports the Following Agency Goals:

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.

(This objective also aligns with the long-term objective of supporting Virginians toward healthy lives and strong, resilient families.)

This Objective Has The Following Measure(s):

- **Measure 43002.02.01**

Percentage of children served in CSHCN Program who have insurance to pay for the services they need.

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: FY05 for CCC was 92.5%, VBDP was 92%, and Child Development Services Clinic Network (CDC) was 97.5%, for an aggregate baseline of 94%.

Measure Target: 94% of clients served in all CSHCN networks in FY07.

Measure Source and Calculation:

The data captured will be aggregated across the networks managed by CSHCN Program. The data for CCC will come from its database, CCC-SUN; VBDP from its database; and CDC from each clinic's annual report. The numerator is the total number of clients who have or obtain insurance within the fiscal year. The denominator is the total number of clients served during the same fiscal year.

- **Measure 43002.02.02**

Number of CSHCN receiving care coordination services.

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: FY05 annual number for CCC was 4,160, for VBDP was 243, and CDC was 2,376; total across all networks of 6,779.

Measure Target: 7,000 served in all CSHCN networks in FY07.

Measure Source and Calculation:

The data captured will be aggregated across the networks managed by CSHCN Program. The data for CCC will come from its database, CCC-SUN; VBDP from its database; and CDC from each clinic's annual report.

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- **Measure 43002.02.03**

Percent of infants diagnosed with a hearing loss who receive early intervention services before six months of age.

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 49.3% of infants reported with hearing loss received early intervention services before six months of age, based on average of CY03 and CY04.

Measure Target: 55% for CY05, to be reported by end of FY07.

Measure Source and Calculation:

The numerator is the number of infants who were born in Virginia during a calendar year, were reported with hearing loss, and received early intervention services before 6 months of age. The denominator is the number of infants who were born in Virginia during the same calendar year and reported with hearing loss. There is an eight-month lag in having complete, clean data for the previous calendar year.

- **Measure 43002.02.04**

Percent of infants identified with a critical result for heritable/genetic disorders and referred for follow up by 6 months of age.

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 100% of infants identified with a critical result for selected heritable disorders/genetic diseases were referred for follow-up by six months of age, based on average of CY03 and CY04.

Measure Target: 100% for CY05 to be reported by end of FY07.

Measure Source and Calculation:

This measure is calculated using information from the Starlims database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of screened infants who were live born in Virginia, identified with a critical result for selected heritable disorders and genetic diseases, and referred for treatment for such conditions by 6 months of age during a calendar year. The denominator is the number of infants who were live born in Virginia and identified with a critical result for selected heritable disorders and genetic diseases during the same calendar year.

Objective 43002.02 Has the Following Strategies:

- Administer the statewide Care Connection for Children Network, Child Development Services Clinic Network, and the Virginia Bleeding Disorders Program that includes:
- Care coordination for all children, assistance with obtaining and maximizing insurance, assistance with locating a medical home, and, for eligible families, access to a Pool of Funds to help defray out of pocket health care expenses.
- Application and management of federal grant funding to support the programs.
- Strengthen parent and family involvement in program guidance and implementation by collaborating with Parent-to-Parent, Family Voices, and Medical Home Plus.

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- Enhance program impact by pursuing methods such as:
 - Leverage existing partnerships with Department of Education, Department of Medical Assistance Services, and other state agencies.
 - Continue participation in interagency advisory boards and task forces.
 - Sustain advisory committees for each Care Connection for Children Center.
 - Establish a statewide CSHCN Advisory Committee.
- Obtain consultation from the Hemophilia Advisory Board regarding the administration of the Virginia Bleeding Disorders Program.
- Review and revise the CSHCN Pool of Funds Guidelines at a minimum of every 12 months.
- Complete the activities of the federal grant to enhance access to health care and insurance.
- Monitor and evaluate services provided by networks managed by the CSHCN Program to ensure program compliance and customer satisfaction.
- Administer the follow-up components of Virginia Newborn Screening Services (VNSS) including:
 - Notify healthcare providers of screened infants who are identified with critical test results (i.e., presumed positive) to ensure immediate treatment.
 - Locate and track infants with screened-abnormal results (results that are above or below normal, but not critical) or unsatisfactory results in a timely matter, by at least 6 months of age, to determine if the infant has a selected heritable disorder or genetic disease and to ensure treatment if needed.
 - Ensure that VNSS receives all diagnostic test results, both normal and screened-abnormal results, from healthcare providers.
 - Facilitate the entry of infants with screened-abnormal results into medical and dietary management.
 - Refer residents of the Commonwealth who are diagnosed with heritable disorders or genetic diseases identified through VNSS to the Care Connection for Children network for care coordination services.
 - Provide consultation to healthcare providers on caring for infants who are identified with selected heritable disorders and genetic diseases.
 - Respond to questions and requests for information and referral from parents and providers.
 - Close cases when contact cannot be made, parent moves out of state or declines follow up, or child is reported as deceased.
 - Monitor and evaluate services provided by VNSS to assure program compliance.

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- Administer the follow-up components of Virginia Early Hearing Detection and Intervention Program (VEHDIP), including:
 - Contact the parent and primary medical care provider reported by the hospital on all infants who do not pass the screening, who are missed, and who pass but have a risk indicator for hearing loss.
 - Document follow-up reported from audiologists and primary care providers (PCPs).
 - Track the screening and follow-up status of infants who are born in Virginia hospitals and transferred to out-of-state hospitals before discharge.
 - Track the screening and follow-up status of Virginia resident infants born in border states and Washington, D.C.
 - Track the screening and follow-up status of infants who are born in birthing centers and at home.
 - Contact families of children who have been identified with hearing loss to assure that referral to Part C has occurred, offer a parent contact from the Hear and Now parent subcommittee, screen for medical home, and offer additional information and referral as needed.
 - Refer to Part C and Care Connection for Children if not already done.
 - Respond to questions and requests for information and referral from parents and providers.
 - Address identified barriers to follow up including referral for Medicaid and FAMIS and providing communication in parent's preferred language.
 - Close cases when contact cannot be made, parent moves out of state or declines follow up, or child is reported as deceased.
 - Monitor and evaluate services provided by VEHDIP to assure program compliance.
- Sustain the Hearing Aid Loaner Bank.
- Implement a statewide Virginia Infant Screening and Infant Tracking System (VISITS)/Early Intervention Referral System, which will be based on the pilot currently in place. This will include (1) an automated referral system to Part C Early Intervention Services and (2) use of the VISITS-At Risk module, which allows hospital discharge planners to record information on infants who are eligible for Part C Early Intervention Services and to generate a referral to local central points of entry.
- Revise the VISITS database to allow linkages to other child health data systems.
- Administer the Lead-Safe Virginia program including:
 - Fund the highest risk localities to provide follow up to children with elevated blood lead levels
 - Provide technical assistance to providers and parents statewide on appropriate management of children with elevated blood lead levels.
- Provide customers and partners with accurate and timely data, and current information, on child/adolescent health topics.
- Support the maintenance of a competent workforce providing health and health-related services to children, adolescents and their families.

Objective 43002.03

Inform, educate, and empower youth to make healthy lifestyle choices.

Studies have shown that youth who are connected to their parents, schools and communities are less likely to engage in risky behaviors. Best and promising programmatic strategies are being identified as effective in preventing and reducing youth risk taking behaviors.

This Objective Supports the Following Agency Goals:

- Prevent and control the transmission of communicable diseases.
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- Promote systems, policies and practices that facilitate improved health for all Virginians.
(This objective also aligns with Virginia's long term objective of inspiring and supporting Virginians toward healthy lives and strong resilient families.)

This Objective Has The Following Measure(s):

- **Measure 43002.03.01**

Teenage pregnancy rates in Alexandria, Crater, Eastern Shore, Norfolk, Portsmouth, Richmond and Roanoke Health Districts.

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: During 2004: Alexandria - 43.6/1000; Crater - 40.7/1000; Eastern Shore - 36.3/1000; Norfolk - 52.2/1000; Portsmouth - 53.4/1000; Richmond - 75.9/1000; Roanoke - 39.4/1000.

Measure Target: During 2006 with results to be reported in 2008: Alexandria - 42.7/1000; Crater - 39.9/1000; Eastern Shore - 35.6/1000; Norfolk - 51.5/1000; Portsmouth - 52.3/1000; Richmond - 74.4/1000; Roanoke - 38.6/1000.

Measure Source and Calculation:

Data published by Virginia Center for Health Statistics (total pregnancies defined as the sum of live births, induced terminations of pregnancy, and natural fetal deaths expressed as a rate per 1000 population). This data set lags two years.

- **Measure 43002.03.02**

Percent of Teenage Pregnancy Prevention Program attendees that receive the "critical dose" of program by attending more than 10 sessions.

Measure Type: Output **Measure Frequency:** Annually

Measure Baseline: 71% of attendees in FY05.

Measure Target: 75% in FY07.

Measure Source and Calculation:

Database maintained by VCU - Survey and Evaluation Research Laboratory from data submitted by Teenage Pregnancy Prevention Programs

- **Measure 43002.03.03**

Percent of teens in grades 7-9 served by the Abstinence Education Initiative reporting never having had sexual intercourse.

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 85% in FY04.

Measure Target: 85% by end of FY07.

Measure Source and Calculation:

Youth Survey of Attitudes and Behaviors, collected by the Virginia Abstinence Education Initiative and calculated/ reported by the VCU Survey and Evaluation Research Lab.

Objective 43002.03 Has the Following Strategies:

- Administer, and evaluate the impact of, the Teenage Pregnancy Prevention Initiatives in the seven health districts identified as having teenage pregnancy rates that exceed the state rate.
- Assist community-based coalitions to address adolescent sexual health issues through the provision of funds, technical assistance and training.

Service Area Plan

Department of Health

Child and Adolescent Health Services (43002)

- Continue to engage key stakeholders in promoting adolescent sexual health issues through publications (newsletter, teenage pregnancy prevention month promotion documents, abstinence education month promotion documents); resource material distribution (including "Talk 2 Me" kit); web sites; and electronic network.
- Administer the grant-funded Virginia Abstinence Education Initiative in funded localities focusing on key stakeholder teens, parents, peers, educators, health professionals, youth program providers and faith community workers.
- Provide customers and partners with accurate and timely data, and current information, on child/adolescent health topics.